TUESDAY • October 22, 1991

Clinical Congress News

The American College of Surgeons • 77th Clinical Congress • October 20-25, 1991 • Chicago

General Sessions

Here are the panel discussions, symposia, and general lectures that will be held Tuesday under the Program Book listing "General Sessions."

Tuesday

Surgical Research and Education Symposium
Frontiers in Basic Research
8:00 am in McMahon Room South in McCormick Place East

General Panel Discussion
Difficult Endocrine Problems for the General Surgeon
8:30 am in the Arie Crown Theatre in McCormick Place East

Professional Liability Panel Discussion
Professional Liability Update: Lessons Learned by High-Risk Specialties
8:30 am in Room M6 in McCormick Place North

Surgical Education in Medical Schools Panel Discussion
Student Curriculum: Is Radical Change Necessary?
8:30 am in Room M3 in McCormick Place North

General Panel Discussion
A Celebration of Surgical Research: Fifty Years of the Surgical Forum
10:30 am in the Arie Crown Theatre in McCormick Place East

Correlative Clinic
Case #1: Multi-Modality Treatment of Rectal Carcinoma
Case #2: A) Colitic Cancer
B) Management of Complicated Crohn's Colitis
10:30 am in McMahon Room South in McCormick Place East

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Wednesday Agenda

- ACS Lecture on Ethics and Philosophy, 9:00 am.
- I.S. Ravdin Lecture on the Basic Sciences, 1:30 pm.

Opening Ceremony

Public health visionary revered

In his opening ceremony lecture yesterday on the 19th century physician Dr. Stephen Smith, Dr. Daniel Roses said, "Few physicians of that century delivered as powerful an impulse to a medical profession and nation ready for change as did the American surgeon Stephen Smith." Daniel F. Roses, MD, FACS, is professor of surgery at New York University School of Medicine, New York.

Stephen Smith was born in Upstate New York in 1823. He received medical training at Geneva Medical College, the Buffalo Medical College, and the College of Physicians and Surgeons prior to becoming an intern in the surgical division of Bellevue Hospital in New York in 1850.

Quoting Dr. Smith's reflection on this experience, Dr. Roses said: "Two years in that great museum of human disease...were of priceless value to the student. Though we lived five together in a small room, ate almshouse food, and were exposed to typhus fever...we regarded the advantages of clinical studies ample compensation for these discomforts and risks to life."

Stephen Smith launched his career in public health reform through his de-

(continued on page 7)

Dr. Roses

Governors' program explores the realities of AIDS

The College's Board of Governors conducted a panel discussion on Sunday afternoon that considered the topic, "AIDS—Realities and Responsibilities for Surgeons." The program was moderated by LaMar S. McGinnis, MD, FACS, Atlanta, GA, who is Chairman of the Governors' Subcommittee on AIDS.

The first speaker was Lynn Peterson, MD, FACS, who is director of the division of medical ethics at Harvard Medical School, Boston, MA. Dr. Peterson examined a variety of ethical issues that confront surgeons in treating persons with AIDS. He delineated two viewpoints regarding the medical care of AIDS patients—one espousing a "commitment" to these individuals, the other predicated on a "contractual" point of view toward social responsibility. "It is crucial that we, as a profession, come up with a comprehensive program regarding the care of AIDS patients that is rooted in science, yet maintains the basic commitment to the patient's welfare," Dr. Peterson said.

The second speaker was Julie Gerberding, MD, assistant professor of medicine and director of HIV counseling at San Francisco General Hospital, San Francisco, CA. Dr. Gerberding addressed the transmission of infectious viruses in the operating room—patient to physician and physician to patient—and offered current data from a study undertaken at her hospital. "Any good heath policy regarding AIDS must have scientific data to support it," she stated.

"The tendency of the American public has been to look at testing as the answer to AIDS. However, prevention and rigorous infection control remain the primary goals of our profession for protecting health care workers and patients," she concluded.

Three experts in the field made up the first panel that considered "The Testing Dilemma—Virtues and Pitfalls."

John Cameron, MD, FACS, chairman of the department of surgery at Johns Hopkins Medical School, Baltimore, MD, presented the results of a study conducted at that institution that looked at the prevalence of HIV in 4,000 patients. After much effort and consideration, the program was abandoned because the prevalence rate was found to be so low that the feasibility of identifying patients with HIV was deemed to be "not cost-beneficial."

Carl L. Nelson, MD, FACS, chairman of the department of orthopaedic surgery at the University of Arkansas (Little Rock) Medical School, presented

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Scudder Oration on Trauma

Dr. Sheldon to speak on manpower dearth

At 1:30 this afternoon in McMahon Room South at McCormick Place East, George F. Sheldon, MD, FACS, will present the Scudder Oration on Trauma, which he has titled "Trauma Manpower in the Decade of Aftershock." Dr. Sheldon is professor and chairman in the department of surgery at The University of North Carolina at Chapel Hill.

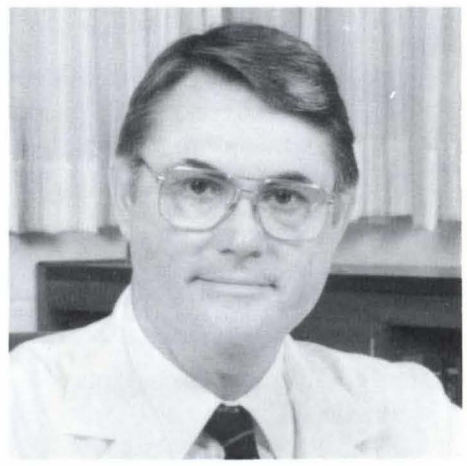
Dr. Sheldon will discuss the provision of adequate care for the over 50 million people who sustain traumatic injury each year. He believes that the "dual problem of fewer trauma centers and diminished manpower for care of patients with injury are significant challenges for the 21st century."

Dr. Sheldon says that, "Although studies by the Council on Graduate Medical Education, the ACS, and the American Medical Association suggest a shortage of general surgeons, the situation is actually more problematic. The number of individuals taking the examination of the American Board of Surgery is approximately 1,000 annually, and approximately two-thirds of these individuals elect careers for which general surgery is a prerequisite and therefore are unavailable for more mainstream general surgery activities such as trauma care....In the reported career plans of a 1985-1990 cohort of general surgeons, only 3 percent indicated trauma/critical care to be in their potential career plans."

In 1961, Dr. Sheldon received a medical degree from Kansas University and completed graduate medical education at Mayo Clinic, the University of California, San Francisco, and Harvard Medical School.

Dr. Sheldon serves and has served with many trauma and medical education organizations, including: National Board of Medical Examiners, Surgery Test Committee (1981-1984); American Board of Surgery (chairman, 1989-1990); Council on Graduate Medical Education (1986-1987); Accreditation Council on Graduate Education, Residency Review Committee (1978-1984), Committee on Vascular Surgery (chairman); and Standing Panel for Accreditation Appeals; Institute of Medicine of the National Academy of Sciences, Committee on Employer-Based Health Insurance; American Association for the Surgery of Trauma (president, 1984); and American Surgical Association (secretary, 1989).

An active Fellow of the College, Dr. Sheldon became a Regent in 1984 and currently serves as Chairman of the Communications Committee and as Editorial Advisor to the *Bulletin*. He was a member of the Committee on Trauma in 1982 and was Secretary of the Board of Governors in 1979.



George F. Sheldon, MD

At Surgical Forum panel

50 years of research celebrated

Today at 10:30 am in Arie Crown Theatre at McCormick Place East, "A Celebration of Surgical Research: 50 Years of the Surgical Forum" will be presented. Topics to be addressed are: "Owen Wangensteen and the Founding of the Surgical Forum," "Dedication of the *Surgical Forum Volume XLII* to John S. Najarian," "From Surgical Forum to Nobel Prize," "Views on the Contributions of Surgeons to Research in Oncology and Other Areas of Health Care," "Surgical Forum Contributions Over the Past 50 Years," and "The Next Decade of Surgical Research."

In 1940, Evarts A. Graham, MD, FACS, at the suggestion of Dr. Wangensteen, presented the idea of creating the Forum on Fundamental Surgical Problems to the ACS Board of Regents. The forum was formalized by the Board in 1941. Of its reception at the 1941 Clinical Congress, Dr. Wangensteen said, "A new flavor was added to the annual meeting of the Clinical Congress by the Surgical Forum. There is a stir of excitement in the atmosphere, which is communicated from listener to listener in the audience, as sincere, keen, and eager young men come successively to the platform to unravel their skein of thought upon subjects of current and mutual interest."

The forum presentations were not published in one volume until 1951, after the 36th Clinical Congress in 1950. This year's *Surgical Forum* is the 42nd volume, and is dedicated to John S. Najarian, MD, FACS, of Minneapolis, MN.

At the University of Minnesota, Dr. Najarian directs one of the world's largest transplant programs, which has performed many kidney, pancreas, liver, heart, heart-lung, and lung transplants. This program has pioneered transplant operations in diabetic, infant, and elderly patients.

Dr. Najarian received an MD degree from the University of California, San Francisco (UCSF) in 1952, and completed a general surgical residency there in 1960. He was a research fellow in immunopathology at the University of Pittsburgh (PA), and a senior fellow and associate in tissue transplantation immunology at Scripps Clinic and Research Foundation, La Jolla, CA.

At UCSF, Dr. Najarian was an assistant professor of surgery, director of surgical research laboratories, and chief of the transplantation service in 1963, and became professor and vice-chairman of the department of surgery in 1966. In 1967, he became chairman of the University of Minnesota's (Minneapolis) department of surgery. In 1985, he received the university's highest honor—he was named a Regents' Professor and was endowed with the Jay Phillips Distinguished Chair in Surgery.

The editor-in-chief of *Clinical Transplantation* and a consultant on the editorial boards of over 15 other medical journals, Dr. Najarian has published more than 1,000 articles and several books.

Dr. Najarian first contributed to *Surgical Forum* in 1956, and since then has contributed over 60 papers.

David E. R. Sutherland, MD, PhD, FACS, of Minneapolis, wrote the dedication to the 42nd *Surgical Forum* volume, in which he stated, "A quarter-century ago, in 1966, the *Surgical Forum* volume was dedicated to Dr. Owen H. Wangensteen. A quarter-century before that, in 1941, Dr. Wangensteen himself had founded the forum. Now, at this historic half-century mark, it seems fitting to honor his successor as chairman of the University of Minnesota surgery department, Dr. John S. Najarian. These two surgical trailblazers have provided seamless leadership from their home base in Minneapolis for over six decades—Dr. Wangensteen as 'The Chief' from 1930 to 1967, and Dr. Najarian ever since."

GENERAL SESSIONS, from page 1

General Panel Discussion
Teaching Basic Science in Surgery
1:30 pm in Room M3 in McCormick Place North

Papers Session I
1:30 pm in the Arie Crown Theatre in McCormick Place East

Meeting of the Association of Program Directors in Surgery
Medical Liability Litigation Involving Residents and Teaching Staff: Relationships between the Teaching Staff and the House Staff
1:30 pm in Room M6 in McCormick Place North

Trauma Symposium
Management of Visceral Injuries: Operative vs. Non-Operative
2:30 pm in McMahon Room South in McCormick Place East

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Editor:
Stephen J. Regnier
Associate Editor:
Jennifer Herendeen
Assistant Editor:
Tina Woelke
Photography Editor:
Jo Ann Baran
Director of Communications:
Linn Meyer

Photography: **Oscar & Associates**
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Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

ACS issues HIV statement

The College's Board of Regents released a position statement yesterday on the issue of HIV infection and the surgical team. Developed through the Board of Governors' Subcommittee on AIDS, the statement includes specific recommendations to guide surgeons in such areas as rendering care to HIV-infected patients and implementing infection control standards, including the use of universal precautions and scientifically accepted infection control practices.

Since its inception in October 1989, the Subcommittee on AIDS has spent a considerable amount of time and thought in preparing the statement entitled, "The Surgeon and HIV Infection."

A major component of the statement addresses the guidelines published by the Centers for Disease Control (CDC) on July 12, 1991. The College believes that the CDC guidelines are flawed, because in formulating them, "the CDC ignored the overwhelming testimony of the scientific community, and the fact that all currently available data indicate that transmission from [health care] provider to patient in a hospital setting is so far, a purely hypothetical event."

Furthermore, the College is dismayed that insurers, licensing bodies, government agencies, and legislative bodies may propose regulations based on the CDC guidelines, because such actions are "not based on direct scientific data; they are not cost-effective; they are intrusive to the extreme; and they are unable to achieve their desired intent."

With regard to the CDC's intent to publish a list of "risk-prone" procedures, the College believes that such an effort would be "irrelevant and counterproductive," because such procedures "cannot be defined in any scientific or rational way." The College points out that "since *no* procedure other than dental extraction has ever been shown to result in HIV transmission, this is the only procedure that can be logically called 'risk-prone.'"

The College concedes that although it is conceivable that HIV transmission from health care provider to patient may take place in the future, "this risk appears so low that costly measures such as testing and limiting work are not justified." Given this extremely low risk, the College believes that the best strategy for surgeons to employ in protecting patients from accidental exposure is to conduct surgical practice in such a way as to continue to minimize the risk of HIV infection by enforcing a high standard of infection control and universal precautions.

The College firmly believes that basic epidemiological research related to HIV transmission in the health care environment needs to be continued, and recognizes that its current recommendations may need to be revised in the future based on newly acquired information. The College further advises any concerned bodies who wish to enact regulatory measures on this issue to base their actions "on documented scientific data, not on unfounded hysteria." In addition, the College strongly supports general public information efforts, based on fact, to clarify the issue of HIV transmission in the health care setting.

The statement on "The Surgeon and HIV Infection" will be printed in its entirety in the December *Bulletin*.

Special edition of *Surgical Forum* available

To commemorate the golden anniversary of the *Surgical Forum*, the College is publishing a limited number of the 1991 edition in hardcover. Volume XLII of the *Surgical Forum* includes a testimonial to the inauguration of the Surgical Forum in 1941, which was compiled by Courtney M. Townsend, Jr., MD, FACS, of Galveston, TX, at the request of the Committee for the Forum on Fundamental Surgical Problems.

The special hardcover edition of this year's *Surgical Forum* volume may be obtained at a cost of $25 each. Further information is available at the Surgical Forum desk in the Registration area of McCormick Place.

The following companies have supported the *Clinical Congress News* with advertisements in the Exhibit Guide section of this issue:

American Medical Software
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Sharplan Lasers
Strato Medical Corp.
U.S. Surgical Corp.
ValleyLabs
Whitby Pharmaceuticals
Ximed Medical Systems

At Sunday's annual meeting of the Board of Governors, Isidore Cohn, Jr., Chairman of the Board of Governors (right), presents the 109th charter to Ramsay Paul Attisha, Governor from Riyadh, making Saudi Arabia the 21st foreign chapter of the ACS.

GOVERNORS' PROGRAM, from page 1

statistics compiled by a task force of the American Orthopedic Association. The task force's findings indicated that, if used "appropriately," universal precautions can significantly reduce the risk of HIV infection to surgeons in the operating room.

Richard Sabo, MD, FACS, a Governor-at-Large from Bozeman, MT, discussed the positive and negative aspects of performing surgery in a remote geographical location. "Although the prevalence of AIDS may not be as great in these rural communities, the reality is that there may be a tendency for health care workers to become cavalier in their approach to operations and universal precautions," he said.

The final panel focused on the infected surgeon. Edward Howell, executive vice-president of the Medical College of Georgia Hospitals in Augusta, GA, spoke on "The Hospital's Dilemma: Obligation/Liability." Mr. Howell outlined four areas in which hospital administrators face tough decisions regarding HIV-infected physicians: (1) the testing of physicians and maintaining of confidentiality; (2) disclosure of a physician's HIV status and a patient's "right to know"; (3) restricting the practice of an infected surgeon; and (4) protecting and supporting house staff, who do not necessarily have freedom of choice regarding the treatment and care of AIDS patients.

Kirk B. Johnson, senior vice-president and general counsel with the American Medical Association, told the Governors that "we are spending an inordinate amount of time and money on this issue." Although the probability of contracting AIDS from a physician is exceedingly small, the division amongst medical experts regarding what to do with infected physicians has created and added greatly to the general confusion surrounding this issue, he stated.

The final panelist was Mark Barnes, JD, former policy director at the AIDS Institute, New York Department of Public Health. Mr. Barnes related the genesis of New York state's policy regarding HIV-infected physicians. "Surgeons should *not* be restricted from performing operations as long as they adhere to accepted medical precautions in the operating room and are functionally able to complete the procedure," he said.

"Isolated, random instances of infection by physicians or other health care workers should *not* dictate public policy," Mr. Barnes concluded.

Panel examines problem of impaired physicians

The Committee on the Impaired Physician of the ACS Board of Governors sponsored a general panel discussion yesterday morning that focused on "The Impaired Surgeon—From Recognition to Return." The session was moderated by committee chairman Ronald K. Tompkins, MD, FACS, Los Angeles, CA.

The first panelist was Thomas J. Krizek, MD, FACS, professor of surgery at the University of Chicago and a Regent of the College. Dr. Krizek spoke about the disease of alcoholism and elements of recognition regarding impaired physicians. "Between 4 and 6 percent of the 10,000 plus surgeons attending this meeting will become alcoholic or chemically dependent in their lifetimes," he said. "It is also a fact," Dr. Krizek stated, "that 71 percent of all American Nobel Laureates in Literature were alcoholics."

Dr. Krizek related the story about the founding of Alcoholics Anonymous (AA) by William Griffith "Bill" Wilson and Robert Holbrook Smith, MD, a colorectal surgeon. AA is still the best support mechanism for people with alcoholism, he said. In his concluding comments about the scope of the problem, Dr. Krizek said that "absence of evidence is not necessarily evidence of absence of problem."

The second panelist was Gordon L. Hyde, MD, FACS, professor of surgery at the University of Kentucky, Lexington. Dr. Hyde spoke about the epidemiology of the problem and current thinking regarding the cause of alcoholism. The American Society of Addiction Medicine has stated that alcoholism is primarily a physiologic disease, not primarily a behavioral disorder, and is a psychosocial disorder with a biologic basis, he said.

Dr. Hyde stated that all studies to date on the problem of impairment in physicians are surveys, not epidemiologic studies. Thus, the real scope of the problem in surgeons is difficult to ascertain, he said. "It is important to remember that patterns of problem drinking in physicians begin in medical school and residency, even though the classic symptoms of alcoholism may not become manifest until two decades later," Dr. Hyde concluded.

The third panelist was Karl V. Gallegos, MD, who is on staff at the Talbott Recovery Center in Atlanta, GA. Dr. Gallegos identified components of the Medical Association of Georgia's model program for treatment and rehabilitation of impaired physicians. Its four phases are: (1) identify the impaired individual, (2) motivate the individual to seek help, (3) conduct comprehensive medical and psychiatric assessments, and (4) facilitate the re-entry of impaired physicians to normal life. "It is important to remember that confrontation [of the impaired person] is caring, for the disabled physician cannot reach out for help," Dr. Gallegos said.

The final panelist was John Ulwelling, executive director of the Board of Medical Examiners for the state of Oregon. Mr. Ulwelling addressed considerations of medical licensure and the National Practitioner Data Bank. "State medical boards are currently serving as lightning rods for medical societies and associations, and there is no greater concern of medical boards at the present than being able to work with impaired physician programs," Mr. Ulwelling said. He noted that approximately one and one-half percent of physicians in Oregon are currently being monitored by the board.

Regarding the data bank, Mr. Ulwelling said that its efforts for the most part have been duplicative of efforts done in Oregon for the past 15 to 20 years. Nearly 85 percent of entries in the data bank document medical malpractice. Only about 53 percent of state medical boards currently access the data bank, he said.

Panel confronts OR invaders

An array of operating room invaders was examined at yesterday morning's Operating Room Environment Panel Discussion, "Invaders in the Operating Room, Coping with Change in the 1990s."

Richard J. Howard, MD, FACS, professor of surgery at the University of Florida, Gainesville, discussed "Invasion of Microbes—Disease Transmission in the Operating Room." He focused the talk on HIV and hepatitis transmission risks, and to the often asked question "What are the risks?" reminded the audience that "no one knows for sure."

Dr. Howard cited January 1991 Centers for Disease Control (CDC) statistics that indicate full-blown cases of AIDS worldwide number 314,610, and in the US, 154,791. However, he said, statistics from July 1991 document 40 health care workers as having AIDS (24, seroconversion to HIV and 16 seroconversion not documented). He also said that the risk of percutaneous infection is less than 5 percent per operation; however, the longer the course of a surgeon's career, the higher the risk.

Dr. Howard advocated the use of the CDC's guidelines recommending universal precautions, but the problem, he said, is that "universal precautions are universally ignored."

Hepatitis, Dr. Howard said, is more transmissible than HIV, which, compared with hepatitis, is "not a significant problem." He said that 12,000 health care workers are infected with hepatitis each year; 250 of these people die each year. He strongly recommended that physicians follow hepatitis prophylaxis.

Gordon L. Telford, MD, FACS, next tackled "Invasion of Microbes—Protection of the Surgeon and the Patient." Dr. Telford is associate professor of surgery, Medical College of Wisconsin, Milwaukee.

Dr. Telford addressed barrier protection, specifically gowns and gloves. He told the audience that while the origin of today's interest in reliable OR barriers had its genesis in concern about HIV infection, this interest has evolved beyond concern about infection to the desire for overall protection from blood exposure. "It's not macho to come out of the OR soaked with blood," he said.

Dr. Telford cited a number of well-known studies from his hospital that reveal the value of double-gloving, which, he said, most surgeons find does not reduce tactile sensitivity and is comfortable. He also said that length of surgical procedure dictates what kind of gloves should be used and how often they should be checked or changed.

Regarding gown safety, he said that in a study of over 1,000 gowned personnel, the highest percentage experiencing blood strikethrough were surgeons and first assistants.

His suggestions for increasing reliability of gloves include developing gloves that are more resistant to fatigue, improving government regulations for glove standards, and in-use testing and evaluation (as opposed to laboratory testing) of gloves.

Dr. Telford concluded by saying that, "Measures designed to protect the OR staff also protect the patients."

Jeffrey L. Ponsky, MD, FACS, professor of surgery at Case Western Reserve in Cleveland, OH, discussed "Invasion of High Technology—All That Glitters May Not Be Gold."

"TV screens, monitors, computers... and a myriad of supplies and equipment" crowd the halls of OR theatres,

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Impact of art and literature examined at seminar

Yesterday's Science and Humanism Seminar examined "Portraits of Patients and Doctors in Art, History, and Literature."

Gert H. Brieger, MD, PhD, director of the Institute of the History of Medicine, Baltimore, MD, discussed "Thomas Eakins and the Art of Medicine."

Thomas Eakins (1844-1916), a native of Philadelphia, trained at the Pennsylvania Academy of Art, did dissections at Jefferson Medical School, and, as a life-long student of anatomy, became a teacher of the subject. He began his career as a painter in Philadelphia in 1870.

Dr. Brieger focused his talk on the "story-telling" power of two of Eakins' paintings (*Gross Clinic* and *Agnew Clinic*). He said that Eakins painted "with spirit and bravery actual surgical scenes," which contrasted the staged medical paintings of the day. Because of his graphic, realistic depictions of surgical procedures, Dr. Brieger said that the public did not always welcome Eakins' work.

The now famous *Gross Clinic* was begun in 1875. The painting today, said Dr. Brieger, is worth millions of dollars, but Eakins was only received $200 for it from Jefferson Medical College.

Both *Gross Clinic* and *Agnew Clinic,* said Dr. Brieger, tell much of the history of surgery. He said they reveal the drama of surgery, as well as how students were educated (for example, seated in far-away tiers, barely able to see). Also, he said, a comparison of the two pieces shows the evolution of the surgical amphitheater and of surgical garb.

Finally, by way of encouraging the audience to study the work of Eakins and others, Dr. Brieger said that "paintings are like books— you must spend a lot of time reading them."

Kathryn Montgomery Hunter, PhD, co-director of the program in ethics and human values at Northwestern University, Chicago, IL, discussed "The Satirist's Scalpel." She defined satire as "an attack on foolishness and evil," and said that the satirist and surgeon have something in common: surgery is a metaphor satirists use. Satire, she said, is "imaged as an incision...a satirist causes pain in order to cure." She traced satire in English literature regarding the physician to Geoffrey Chaucer's *Canterbury Tales,* in which a physician on a pilgrimage was more interested in money than the patient.

The rest of her lecture revolved around several of William Hogarth's harsh, satirical paintings, such as *A Consultation of Physicians* and *A Progress of Cruelty,* and several lengthy readings from Herman Melville, in which a seafaring surgeon is caricatured.

No smoking in scientific sessions

The College requests that Congress participants who wish to smoke do so only in hallways and areas adjacent to meeting rooms (where not prohibited by fire department regulations), and that no one smoke in the meeting rooms before or during a presentation.

The College's Surgical Education and Self-Assessment Program (SESAP), and the personal computer version of SESAP, Compu-SAP, are featured in a booth in the general registration area next to Arie Crown Theatre.

Committee on Young Surgeons

Initiates learn of College programs

The third annual Initiates' Program, sponsored by the College's Committee on Young Surgeons, met Monday afternoon to consider "How the College is Dealing with Issues Affecting Today's Surgeons." The program was moderated by Andrew B. Roberts, MD, FACS, from Philadelphia, PA.

The first speaker was Edward L. Seljeskog, MD, FACS, a Regent of six years from Minneapolis, MN. Dr. Seljeskog briefly traced the College's involvement since 1913 in the evolution of quality assurance standards for hospitals, including the Hospital Standardization Program of 1918 and the formation of the Joint Commission on Accreditation of Hospitals in 1953 and the Joint Commission on Accreditation of Healthcare Organizations in 1989.

The College has had an integral, ongoing part in elevating and maintaining standards of surgical care, he stated. "Throughout the years, the College has had two guiding principles: what is *best* for the patient and what will provide *optimal* quality care," Dr. Seljeskog said.

The second speaker was Paul F. Nora, MD, FACS, Director of the College's Professional Liability Program. Dr. Nora outlined the history of the College's reaction to the professional liability crisis since the 1970s, which culminated with the creation of the Regental Special Committee/Professional Liability in 1985.

The overall charge to the committee, Dr. Nora stated, is to (1) provide resources and educational services to the Fellowship, and (2) assist in the development of strategy and implementation of appropriate activities in the area of professional liability. Dr. Nora announced the publication of *Professional Liability/Risk Management: A Manual for Surgeons*, which will be mailed to all Fellows in the U.S. and Canada early next month.

The third speaker was James N. Haug, Director of the College's Socioeconomic Affairs Department. Mr. Haug traced the College's involvement with socioeconomic issues that culminated with the establishment of the department in 1974. "By and large, we let the AMA handle issues affecting all of medicine, and we try to address issues that affect all of surgery," he said.

Mr. Haug outlined the College's recent involvement with such issues as trauma and access to care, surgical manpower, delivery systems (such as preferred provider organizations and health maintenance organizations), technology assessment, and the Medicare volume performance standards.

The final speaker was Linn Meyer, Director of the College's Communications Department. Ms. Meyer spoke about the public's perception of surgeons and the College's role in keeping Fellows informed about clinical and socioeconomic issues. "By necessity, we interact with all departments of the College in order to help produce well-informed, sound publications," Ms. Meyer said. Among the communication vehicles the College uses to keep Fellows abreast of current developments are:

- *Bulletin*
- SESAP
- "Dear Colleague" letters
- attendant materials for the annual Spring Meeting and Clinical Congress
- publications and brochures from the Commission on Cancer and Committee on Trauma
- career education materials
- a variety of departmental newsletters and brochures.

The Committee on Young Surgeons also sponsored a panel discussion yesterday afternoon that provided a comprehensive overview of physician payment reform under Medicare. Four different perspectives on this topic were presented. P. William Curreri, MD, FACS, a commissioner on the Physician Payment Review Commission since 1988, offered some observations on the impending changes. "On January 1, 1992, will come the greatest change in payments to physicians since the inception of Medicare," Dr. Curreri said. He explained in detail key elements of the Medicare fee schedule and their implications for surgeons.

Arthur J. Donovan, MD, FACS, a consultant with the Rand Corporation (California), explained the process associated with determining "service encounters" and the complex mathematical formulas on which the process is based.

Other perspectives on payment reform were provided by Jim Highland, associate director of financial policy and capital finance with the American Hospital Association, Chicago, IL, and by Henry Desmarais, MD, a principal with Health Policy Alternatives, Inc., Washington, DC.

Convention surplus food sent to needy

Approximately 20 million Americans go hungry at least a few days each month (according to figures from the Physician Task Force on Hunger in America), as many as three million Americans have no home to go to at night, and, in recent years, food assistance organizations in 62 percent of major U.S. cities had to turn people away because of lack of resources.

Hoping to lower these sobering statistics, the ACS, through Professional Convention Management Association's (PCMA) Network for the Needy, will donate surplus goods from Clinical Congress related meetings and activities.

With at least one million meetings and conventions held each year in this country, PCMA sought a way to donate surplus goods from those meetings to help the homeless and hungry in the host cities, and organized the Network for the Needy in 1989.

The Network is comprised of meeting professionals and bureau executives from major cities across the country.

For more information about Network for the Needy, contact PCMA at 100 Vestavia Office Park, Suite 220, Birmingham, AL 35216, telephone 205/823-7262.

Allied Meetings

Please note: A number of medical school alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to registration in McCormick Place.

Tuesday

Morning

CICD, U.S. Section
6:45 am - 8:30 am. Breakfast Meeting.
Hilton & Towers, Waldorf Room, Third Floor.

Surgical Oncology
6:45 am - 8:30 am. Breakfast Meeting.
Hilton & Towers, PDR #3, Third Floor.

Indiana Chapter of the ACS
7:00 am - 9:00 am. Breakfast Meeting.
Marriott Hotel, Indiana Room, Mezzanine Level.

Association for Surgical Education Faculty Development Committee
7:30 am - 9:00 am. Breakfast.
Hilton & Towers, Marquette Room, Third Floor.

ACAS Surgeons
7:30 am - 10:00 am. Breakfast.
Hilton & Towers, PDR #4, Third Floor.

Society of Thoracic Surgeons Foundation
10:00 am - 12:00 noon. Meeting.
Hilton & Towers, 5F, Fifth Floor.

New England Association of Program Directors in Surgery
11:30 am - 1:00 pm. Luncheon Meeting.
McCormick Center Hotel, Room 1, Lower Meeting Center.

Society of Clinical Surgery
11:30 am - 1:30 pm. Luncheon.
Hilton & Towers, PDR #7, Third Floor.

Afternoon

Societe International de Chirurgie/ Executive Committee
12:00 noon - 1:00 pm. Luncheon.
Hilton & Towers, PDR #5, Third Floor.

National Medical Association Surgical Section
12:00 noon - 2:00 pm. Luncheon.
Hilton & Towers, Waldorf Room, Third Floor.

Surgical Infection Society
12:00 noon - 3:00 pm. Luncheon.
Hilton & Towers, PDR #6, Third Floor.

Society of Thoracic Surgeons Council
2:00 pm - 5:00 pm. Meeting.
Hilton & Towers, 5E, Fifth Floor.

SAGES Corporate Council
2:45 pm - 5:30 pm. Meeting.
Hilton & Towers, Boulevard B, Second Floor.

American Society of Colon & Rectal Surgeons, Research Committee of the Research Foundation
4:00 pm - 6:00 pm. Meeting.
Hilton & Towers, PDR #7, Third Floor.

James IV Association of Surgeons, Inc.
4:00 pm - 7:00 pm. Meeting/Reception.
Hilton & Towers, Joliet Room, Third Floor.

Evening

Department of Surgery, UMDNJ-Robert Wood Johnson Medical School
5:30 pm - 7:00 pm. Reception.
Marriott Hotel, Wisconsin Room, Mezzanine Level.

SUNY-Health Science Center at Syracuse, Surgery Department
5:30 pm - 7:00 pm. Reception.
Palmer House, PDR #17, Club Floor.

University of Kansas Medical Center and Kansas Chapter of the ACS
5:30 pm - 7:00 pm. Reception.
Hilton & Towers, PDR #5, Third Floor.

Vanderbilt University Medical Center
5:30 pm - 7:30 pm. Reception.
Fairmont Hotel, Chancellor Room, Meeting Room Level.

University of California, San Diego-Foundation for Surgical Education
5:30 pm - 7:30 pm. Reception.
The Whitehall Hotel, Upstairs/Whitehall, Second Floor.

Brooklyn and Long Island Chapter of the ACS
5:30 pm - 7:30 pm. Reception.
Westin Hotel, Oxford Room, Second Floor.

Department of Surgery and Hahnemann University Alumni Association
5:30 pm - 7:30 pm. Reception.
Hilton & Towers, PDR #3, Third Floor.

James D. Rives Society, I.S.U. Medical Center
5:30 pm - 7:30 pm. Reception.
Palmer House, Adams, Sixth Floor.

Medical College of Ohio Department of Surgery
5:30 pm - 7:30 pm. Reception.
Westin Hotel, Windsor Room, Second Floor.

University of Rochester Surgical Associates
5:30 pm - 8:00 pm. Reception.
Palmer House, Crystal Room, Third Floor.

Baylor College of Medicine
5:30 pm - 8:00 pm. Reception.
Hilton & Towers, Williford B, Third Floor.

Roswell Park Surgical Society
6:00 pm - 12:00 am. Reception.
Spiaggia Private, One Magnificent Mile, Dining & Conference Center.

The Royal College of Surgeons of Edinburgh
6:00 pm - 7:00 pm. Reception.
Palmer House, PDR #5, Third Floor.

Creighton University, Department of Surgery
6:00 pm - 7:30 pm. Reception.
Westin Hotel, Consulates I II III, Second Floor.

Department of Surgery, University of Florida
6:00 pm - 7:30 pm. Reception.
Fairmont Hotel, Ambassador Room, International Ballroom Level.

Department of Surgery, University of Louisville, Louisville, KY, Alumni and Friends
6:00 pm - 7:30 pm. Reception.
Hilton & Towers, Grand Ballroom, Second Floor.

The Tulane Department of Surgery, the Tulane Surgical Society, and the Tulane Medical Alumni Association
6:00 pm - 7:30 pm. Reception.
Hilton & Towers, Williford C, Third Floor.

University of South Florida, Department of Surgery
6:00 pm - 7:30 pm. Reception.
Palmer House, PDR #18, Club Floor.

Washington University Medical Center Alumni Association, Washington University Department of Surgery
6:00 pm - 7:30 pm. Reception.
Westin Hotel, Mayfair Room, Third Floor.

Robert B. Wallace Society, Department of Surgery, Georgetown University
6:00 pm - 7:30 pm. Reception.
Westin Hotel, Regents IV, Third Floor.

Wayne State University School of Medicine, Department of Surgery/Alumni Association
6:00 pm - 7:30 pm. Reception.
Fairmont Hotel, State Room, International Ballroom Level.

Indiana University School of Medicine Alumni Association and the Indiana University School of Medicine Department of Surgery
6:00 pm - 7:30 pm. Reception.
Marriott Hotel, Chicago GH, Fifth Floor.

Akron City Hospital, Department of Surgery.
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, PDR #1, Third Floor.

Medical College of Georgia
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, Miami Room, Fifth Floor.

Fairview General Hospital, Cleveland Ohio Surgical Alumni
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, PDR #6, Third Floor.

Department of Surgery, University of Pittsburgh
6:00 pm - 8:00 pm. Reception.
Westin Hotel, Consulates IV-VII, Second Floor.

James D. Hardy Society, University of Mississippi Medical Center
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, PDR #2, Third Floor.

Jefferson Medical College Alumni Association
6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Crystal Room, Meeting Room Level.

Mayo Clinic Alumni Association
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, Normandie Lounge, Second Floor.

Memorial Sloan-Kettering Cancer Center Alumni
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, Marquette Room, Third Floor.

Surgical Society, New York Medical College
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, Purdue Room, Mezzanine Level.

The Cleveland Clinic Foundation Alumni Association
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, Ohio State Room, Mezzanine Level.

University of California Davis Surgical Association
6:00 pm - 8:00 pm. Reception.
Marriott Hotel, Kansas City Room, Fifth Floor.

University of Chicago Department of Surgery
6:00 pm - 8:00 pm. Reception.
Four Seasons Hotel, South Ballroom.

University of Cincinnati, Department of Surgery
6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Moulin Rouge, Lobby Level.

University of Minnesota
6:00 pm - 8:00 pm. Reception.
Palmer House, Empire Room, Lobby Level.

University of North Carolina Surgical Alumni
6:00 pm - 8:00 pm. Reception.
Hilton & Towers, PDR #4, Third Floor.

The Alumni Association of Rush Medical College, Rush Surgical Society, and The Office of Surgical Sciences and Services
6:00 pm - 8:00 pm. Reception.
Rush-Presbyterian, Room 500, St. Luke's Medical.

University of Utah Department of Surgery Alumni
6:00 pm - 8:00 pm. Reception.
Palmer House, State Ballroom, 4th Floor.

Deterling Surgical Society
6:00 pm - 8:30 pm. Reception.
Palmer House, PDR #6, Third Floor.

University of Nebraska Medical Center
6:00 pm - 8:30 pm. Reception.
Palmer House, PDR #9, Third Floor.

Loyola University Department of Surgery
6:00 pm - 9:00 pm. Reception.
Hilton & Towers, Imperial Suites N&S, 27th Floor.

Bowman Gray School of Medicine of Wake Forest University
6:30 pm - 8:00 pm. Reception.
Marriott Hotel, Illinois Room, Mezzanine Level.

Department of Surgery, University of Toronto
6:30 pm - 8:00 pm. Reception.
Hilton & Towers, Boulevard C, Second Floor.

Duke University Surgical Alumni
6:30 pm - 8:00 pm. Reception.
Hilton & Towers, Astoria Room, Third Floor.

Boston University School of Medicine Alumni
6:30 pm - 8:30 pm. Reception.
Hilton & Towers, Waldorf Room, Third Floor.

McGill University Department of Surgery
6:30 pm - 8:30 pm. Reception.
Hilton & Towers, Boulevard B, Second Floor.

Medical College of Virginia
6:30 pm - 8:30 pm. Reception.
Westin Hotel, Buckingham Room, Second Floor.

South Carolina Chapter of the ACS Alumni and Residents
6:30 pm - 8:30 pm. Reception.
Marriott Hotel, Los Angeles Room, Fifth Floor.

SUNYAB Department of Surgery, Medical Alumni Association
6:30 pm - 8:30 pm. Reception.
Westin Hotel, Consort Room, 16th Floor.

Christian Medical and Dental Society
6:30 pm - 9:00 pm. Dinner.
Marriott Hotel, Chicago E, Fifth Floor.

Society of Philippine Surgeons
6:30 pm - 12:00 am. Reception/Dinner.
Marriott Hotel, Salon I, Seventh Floor.

(continued on page 8)

OPERATING ROOM, from page 4

he said, and this trend will probably continue as new technology develops. Probable new technology, he said, includes: laparoscopic ultrasonography, photodynamic therapy, cine fluoroscopy, high-density television, virtual reality, and robotic assistants.

However, Dr. Ponsky said the economic forecast is for increasing fixed and variable costs with diminished revenues.

To stem the flow of costly instruments and gadgets, Dr. Ponsky suggested that hospitals perform incremental analyses, cost-benefit analyses, and outcomes studies, and that they should become involved with industry and government in assessing new technological developments.

Gina Pugliese, RN, MS, program director, infection control at the American Hospital Association, Chicago, IL, presented the final talk on "Invasion by Regulatory Agencies—News from the Government."

She outlined the various agencies that are having an impact on laws and guidelines in the surgical community: the Joint Commission on Accreditation of Healthcare Organizations, the Environmental Protection Agency, the National Practitioner Data Bank (established in September 1990), the Health Care Finance Administration, and the Centers for Disease Control (which has a November 4 open meeting scheduled to discuss the definition of risks during "invasive procedures"), and the Occupational Safety and Health Administration.

ACS history available

A history of the College entitled *American College of Surgeons at 75* has been written by ACS Archivist George W. Stephenson, MD, FACS. The book, a companion to *Fellowship of Surgeons*, by Loyal Davis, MD, FACS, chronicles College development and activities from 1955 to 1988.

The 223-page text includes chapters on administration, Fellowship, continuing education, trauma, cancer, international relations, socioeconomic affairs, and business and finance, as well as detailed appendices.

Describing the scope of the book in the preface, Dr. Stephenson states, "The basic content has been arranged...to bring together information about each of the major activities of the College. For instance, the reader who is especially interested in trauma will find that subject chronicled in one chapter, while cancer activities can be found in another. Such an arrangement provides a focused review and may encourage the reader to look further into the many activities of the College."

***American College of Surgeons at 75* is available at a cost of $15 each from the Publications Order Section, ACS, 55 East Erie St., Chicago, IL 60611.**

OPENING CEREMONY, from page 1

votion to these typhus patients and interest in the squalid conditions in which they lived. In 1854, he became a visiting surgeon to Bellevue and secretary of its medical board in 1857. A prolific writer, he became the editor of the *New York Journal of Medicine* in 1858, and when the journal's name changed to *American Medical Times* in 1860, increased his editorial responsibilities, Dr. Roses said.

An education reformer, Dr. Smith instituted the formation of a medical school at Bellevue Hospital, where in 1861, a College of Medicine was incorporated. The faculty included Frank Hamilton, James Rushmore Wood, Austin Flint, Austin Flint, Jr., and Lewis Sayre.

Continuing his war on poor hygiene after the 1863 draft riots in New York City, Dr. Smith was appointed to lead a survey team of the city's health and sanitary conditions. Dr. Roses said that "in one two-week period, 3,200 cases of small pox and 2,000 cases of typhus were recorded. Half a million people from laboring classes were crowded into tenement houses occupying an area of not more than two square miles. Over 18,000 persons lived in cellars with privies that were often not connected with sewers, the contents of which would often ooze through the walls of these submarine abodes with sudden inroads from the sea. In large tenement houses the constant rate of sickness was as high as one in three and the childhood death rate was one in six."

Shortly after this report, in 1866, a bill establishing the first effective municipal health department for a major city in the U.S. was passed, becoming the model for local and state health bills throughout the country. "When Stephen Smith opened the doors of New York's tenements he had let in the future," Dr. Roses said.

Dr. Smith continued in leadership roles: as commissioner of health (1868-1875), founder of the American Public Health Association (1872), and member (appointed by President Hayes) of the National Board of Health, which was the forerunner of the U.S. Public Health Service.

However, "Stephen Smith's activities on behalf of public health in no way diminished his important achievements as a surgeon," Dr. Roses continued. To catalog some of Dr. Smith's achievements: he was one of a handful of physicians to plan the Johns Hopkins Hospital in 1875, played a vital role in establishing the first training school for nurses in 1873, contributed an exhaustive surgical manual and a Civil War handbook for surgery to medical literature, and as New York State Commissioner of Lunacy (a position held until he was 95 years old) helped to humanize conditions for the mentally ill.

Dr. Smith lived productively until his death at age 99. Summarizing the lifetime contributions of this pioneer, Dr. Roses said, "Stephen Smith had a grand and expansive vision of the role of a surgeon. His efforts to reform sanitation and public health, promote antisepsis, improve hospital design, elevate nursing care, advance surgical education, and humanize care of the mentally ill served as beacons of enlightenment for the American medical profession as it approached the 20th century."

Program Changes

Listed below are the program changes made since publication of the official Program Book.

General Sessions
At this morning's Surgical Research and Education Symposium (8:00 - 10:00 am), Jeffrey M. Arbeit, MD, FACS, San Francisco, CA, will present "Cytokines and Cytokine Antagonists: Possible Clinical Uses" in place of H. Fletcher Starnes, Jr., MD, FACS.

Ronald Maier, MD, FACS, Seattle, WA, will present "What's New in Critical Care" at Friday morning's "What's New in Surgery" program. Dr. Maier will be the first speaker.

F. Henry Ellis, Jr., MD, FACS, Boston, MA, will not present his "What's New in General Thoracic Surgery" paper orally on Friday morning. The paper will be published in the *Bulletin* at a later date.

Motion Pictures
The Pediatric Surgery Motion Picture Session originally scheduled for Wednesday was shown on Monday. There will be no Pediatric Surgery Motion Picture Session on Wednesday.

Postgraduate Courses
In Postgradate Course No. 4 on Cardiac Surgery, Session III (8:30 am - 12:00 noon) on Thursday, Robert E. Michler, MD, New York, NY, will present "The Potential of Xenograft Transplantation."

In Postgraduate Course No. 15 on Opthalmology, Session I (8:30 am - 12:00 noon) on Tuesday, Timothy J. Peterson, MD, San Diego, CA, will present "Combat Eye Trauma: Dateline the Middle East."

Technical Exhibits
The following exhibits were added after publication of the Program Book:

2274, 10 x 20, Beacon Laboratories, 2150 W. 6th Ave., Unit P, Broomfield, CO 80020; (303) 466-3042.

1056, 10 x 10, Bio-Vascular, Inc., 2670 Patton Rd., St. Paul, MN 55113; (612) 631-3529.

1154, 10 x 10, Corpak Inc., a Thermedics Inc. Co., 100 Chaddick Dr., Wheeling, IL 60090; (708) 537-4601.

1204, 10 x 10, CUI Corporation, 1160 Mark Ave., Carpinteria, CA 93013; (805) 684-7617.

1906, 10 x 20, Diagnostic Sonar, P.O. Box 456, Cambridge, OH 43725; (614) 439-4885.

2175, 10 x 10, Electro-Surgical Instrument Co., 37 Centennial St., Rochester, NY 14611; (716) 235-1430.

2278, 10 x 10, FHP HealthCare, 9900 Talbert Ave., Fountain Valley, CA 92709; (800) 446-2255.

1869, 10 x 10, George Percy McGown, 531 Heritage Circle, Suite 433, Pembroke Pines, FL 33029-1002; (305) 435-0845.

2177, 10 x 20, Medical Energy, 2413 Executive Plaza, Pensacola, FL 32504; (800) 786-0137.

1082, 10 x 10, Medical Innovations Corporation, 1595 McCandless Dr., Milpitas, CA 95035; (408) 945-1730.

1904, 10 x 10, Medline Industries Inc., One Medline Place, Mundelein, IL 60060-4486; (708) 949-5500.

The following companies have cancelled: Applied Vascular, Becton Dickinson Acute Care, Bio Quantum Technologies, Clinical Reference Systems, Hygeia Marketing Associates, Merocel Corporation, Molecular Oncology, Neoprobe Corp., Jeremy Norman & Co., Inc., ORMED Corporation, Surgitek/Medical Engineering, Trimedyne, Inc, and UC Cryolab.

Please note that **Premier Medical** has moved to **booth 1026.**

Please note that **Ethitek Pharmaceuticals** has been relocated to **booth 2255.**

The ACS Regents, Officers, and Executive Committee of the Board of Governors gathered for their annual portrait on Saturday. In the front row, from left to right, are: Ronald C. Jones, Board of Governors; William W. Kridelbaugh, Richard J. Field, Jr., Regents; John H. Isaacs, ACS Second Vice-President; W. Gerald Austen, Chairman, Board of Regents; George L. Jordan, Jr., Vice-Chairman, Board of Regents; Frank C. Spencer, ACS President; Seymour I. Schwartz, Regent; and Ralph A. Straffon, ACS President-Elect. Second row, left to right: Ellis B. Keener, Secretary, Board of Governors; Harvey W. Bender, Jr., Paul C. Peters, Thomas J. Krizek, George F. Sheldon, David G. Murray, George D. Wilbanks, Lloyd D. MacLean, Edward L. Seljeskog, Regents; and Harold P. Freeman, Board of Governors. Third row, left to right: Paul A. Ebert, ACS Director; Frank R. Lewis, Jr., Vice-Chairman, Board of Governors; LaSalle D. Leffall, Jr., ACS Secretary; Paul H. Ward; Regent; H. Bryan Neel III, ACS Treasurer; N. Tait McPhedran, Samuel A. Wells, Jr., Alexander J. Walt, Regents; and Isidore Cohn, Jr., Chairman, Board of Governors.

ALLIED MEETINGS, from page 6

Chirurgio
7:00 pm - 8:00 pm. Reception.
Hilton & Towers, Boulevard A, Second Floor.

ACS/Friends of Bill W.
7:00 pm - 8:30 pm. Meeting.
Hilton & Towers, 4M, Fourth Floor.

Will C. Sealy Surgical Society
7:00 pm - 9:00 pm. Reception.
Palmer House, PDR #8, Third Floor.

AUB Surgical Society of North America
7:00 pm - 9:00 pm. Reception.
Palmer House, PDR #16, Club Floor.

Society of Arab American Surgeons
7:00 pm - 10:00 pm. Reception.
Fairmont Hotel, Royal Room, Imperial Ballroom Level.

American Society for Surgeons of Indian Origin
7:00 pm - 10:00 pm. Annual Meeting/ Cocktails, Dinner.
Bukhara Restaurant, 2 East Ontario St.

Flushing Hospital Surgical Department
7:00 pm - 10:00 pm. Reception/Dinner.
Palmer House, Parlor F, Sixth Floor.

Maryland Chapter of the ACS, University of Maryland Surgical Society
7:30 pm - 9:00 pm. Reception.
Palmer House, Parlor A, Sixth Floor.

H. William Scott, Jr., Surgical Society
7:30 pm - 10:00 pm. Dinner.
Fairmont Hotel, Regent Room, Meeting Room Level.

James IV Association of Surgeons Inc.
7:45 pm - 10:00 pm. Dinner.
Hilton & Towers, Huron Room, Tenth Floor.

Wednesday

Morning

Societe Internationale de Chirurgie
6:45 am - 8:00 am. Membership Breakfast Meeting.
Hilton & Towers, Williford C, Third Floor.

Association of Iranian Surgeons
7:00 am - 8:15 am. Breakfast Meeting.
Hilton & Towers, PDR #2, Third Floor.

SURGERY, Editorial Board
7:00 am - 8:30 am. Breakfast.
Hilton & Towers, Boulevard A, Second Floor.

Society of Clinical Surgery
7:00 am - 9:00 pm. Breakfast Meeting.
Hilton & Towers, PDR #7, Third Floor.

Association of Women Surgeons
7:00 am - 10:00 am. Breakfast Meeting.
Hilton & Towers, Waldorf Room, Third Floor.

Clinical Pathological Staging Committee, American Society of Colon & Rectal Surgeons
7:30 am - 9:00 am. Breakfast Meeting.
Hilton & Towers, 5H, Fifth Floor.

Research Committee, American Society of Colon & Rectal Surgeons
9:00 am - 10:30 am. Meeting.
Hilton & Towers, 5H, Fifth Floor.

Tripler General Surgery Program
11:00 am - 1:00 pm. Luncheon.
Hilton & Towers, Boulevard B & C, Second Floor.

Department of Surgery, Michael Reese Hospital
11:30 am - 2:00 pm. Luncheon.
Michael Reese Hospital, Rothschild Center, Atrium.

Congress Chronicle

Surgical Forum turns 50

The Forum on Fundamental Surgical Problems made its debut at the 1941 Clinical Congress in Boston, MA. "The Surgical Forum was born out of the great need for young men, engaged in research on surgical problems, to have an opportunity to bring their work before an audience of surgeons," according to Owen H. Wangensteen, MD, FACS, the individual who was largely reponsible for its creation.

The forum presentations were not published in one volume until 1951, after the 36th Clinical Congress of 1950. In his foreward to that inaugural volume, Evarts A. Graham, MD, FACS, wrote: "To Owen Wangensteen belongs most of the credit for the phenomenal success and popularity of the Forum. It was originally a child of his imaginative brain...There can be no doubt that many who attend the annual Clinical Congresses do so because of the Forum, and in turn receive much stimulation and education from it. Young men have the new and constructive ideas together with the enthusiasm to carry them out. If they lack the experience of their elders, they also lack their inhibitions which often stifle the development of new ideas.

"The Forum has given the young men the opportunity to present to their peers and contemporaries their research founded on young imagination. This opportunity certainly has been a potent factor in making American surgery the virile and progressive profession that it is," Dr. Graham said.

College publishes liability manual

The College announces the publication of *Professional Liability/Risk Management: A Manual for Surgeons.* Developed through the efforts of the Professional Liability Committee of the Board of Regents, the manual is intended to be a practical, basic reference guide for practicing surgeons in the area of professional liability and risk management. Chapters of this manual cover a brief history of substantive tort law, risk financing, risk prevention, claims management, and dealing with the psychological trauma of a medical malpractice suit. Plans are currently under way for a special mailing of the manual in early November to all active Fellows in the United States and Canada.

As of Monday afternoon, total registration for the Clinical Congress was 9,444. Of that number, 5,168 were physicians and 4,276 were exhibitors, guests, spouses, or convention personnel.